MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05862

CERTIFICATE OF DEATH

5872

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Crockett Ave.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) EDWARD (Last) ABBOTT

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Nov. 3, 1952

9. AGE last birthday: 1 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Abbott

14. MOTHER'S MAIDEN NAME: Elestine Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Frank Abbott—Crockett Ave.—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 812.X Run over by automobile— — Interval Between Onset And Death

DUE TO (b): Compound Comminuted Fracture

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c): Skull—

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / ~~SUICIDE~~ / HOMICIDE (Specify) Automobile — PLACE OF INJURY (Home, farm, factory, street, etc.) Highway — (CITY OR TOWN) Crisfield — (COUNTY) Som — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 4:30 PM 29-54 June — INJURY OCCURED While at Work ☐ Not While At Work ☒ — HOW DID INJURY OCCUR? Accident Run over by auto

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE Wm H Coulbourn M.D. (Degree or title) — ADDRESS Crisfield Md — DATE SIGNED June 30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 1, 1954 — NAME OF CEMETERY OR CREMATORY Crisfield Cemetery — LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7/1/54 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors — ADDRESS Crisfield, Md.

VS. A15

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05863

5869 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 37
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 37
STREET ADDRESS (If rural give location) Broadway

3. NAME OF DECEASED: (Type or Print) (First) HESTER (Middle) SCARBOROUGH (Last) AMES

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1954

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Sept. 25, 1899

9. AGE Last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Accomac County, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis Taylor

14. MOTHER'S MAIDEN NAME: Rosie Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Benjamin Ames--Broadway, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, syphilitic — Interval Between Onset And Death: 5 yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1954, to June 16, 1954, that I last saw the deceased alive on June 16, 1954, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis, M.D. ADDRESS Crisfield, Md DATE SIGNED 6/17/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF June 19, 1954
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 6/17/54
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1954
BUREAU V. S.

05864

5873

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Venton
LENGTH OF STAY (In this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3 - Pr. Anne

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne, R.F.D. (Venton md)
STREET ADDRESS (If rural, give location) Route 3 - Pr. Anne

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Brisco (Last) Bailey Jr.
4. DATE OF DEATH (Month) June (Day) 29 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 10, 1937
9. AGE last birthday 16 yrs. If under 1 year Months 9 Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Somerset, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Brisco Bailey
14. MOTHER'S MAIDEN NAME Dorothy Anna Shelton -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Dorothy Bailey - Mother -

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
812 x Immediate cause	(a) Broken Neck, Chrushed chest	Instantly
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) was riding on truck - Driver lost	
	(c) Control and this boy was pinned between truck and ditch bank -	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Near Venton (COUNTY) Somerset (STATE) md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12:15 pm. 6-29-54
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? truck accident -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R H Johnson M.D. (Degree or title) Deputy Medical Examiner
ADDRESS Princess Anne md
DATE SIGNED June 30 - 54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/4/54
NAME OF CEMETERY OR CREMATORY Grace Cemetery
LOCATION (City, town, or county) (State) Venton, Md.
DATE REC'D BY LOCAL REG. 9/2/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR William H Jones
ADDRESS Princess Anne md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 6 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05865

5874 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died at home X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deal Island Md
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) ANNA (Last) BENTON
4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar-15-1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House hold duties
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel J Harris
14. MOTHER'S MAIDEN NAME: Mary Shores

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 214-20-9271
17. INFORMANT & ADDRESS: JOHN - BENTON - Husband Deal Island

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
170 X
Immediate cause (a) Carcinoma Right Breast — Interval Between Onset And Death 18 mths
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1953 to June 12, 1954, that I last saw the deceased alive on June 8, 1954 and that death occurred at 2.00 p, from the causes and on the date stated above.
SIGNATURE (Degree or title) Eldon G. Hawthorne ADDRESS Princess Anne Md DATE SIGNED 6/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-14-54 NAME OF CEMETERY OR CREMATORY St John's MK LOCATION (City, town, or county) Deal Island Md (State) MA
DATE REC'D BY LOCAL REGISTRAR 6/28/54 REGISTRAR'S SIGNATURE Lola T. Wheatley
24. FUNERAL DIRECTOR L Webster ADDRESS Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05866

5875 CERTIFICATE OF DEATH

Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fairmount; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS mm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Somerset Co Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ronald (Middle) Charles (Last) Bozman

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr 3, 1953

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 2 Days 25 IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md Maccundy Hos Jail

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carroll Bozman.

14. MOTHER'S MAIDEN NAME: Thomas Gibbons Helen Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4; (If Yes, give war or dates of service) mm

16. SOCIAL SECURITY NO.: mm.

17. INFORMANT & ADDRESS: Carroll Bozman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 752X

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hydrocephalus Congenital DUE TO

(c)

Interval Between Onset And Death: Since Birth

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Congenital Hydrocephalus

19a. DATE OF OPERATION: 0 mm

19b. MAJOR FINDINGS OF OPERATION mm

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1953 to June 28, 1954 that I last saw the deceased alive on June 20 1954 and that death occurred at Fairmont, from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy Carlton MD DR; ADDRESS Marion St Md; DATE SIGNED June 28 54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial; DATE THEREOF June 30 1954; NAME OF CEMETERY OR CREMATORY Episcopal Cemetery; LOCATION (City, town, or county) (State) Princess Anne Md

DATE REC'D BY LOCAL REGISTRAR 6/29/54; REGISTRAR'S SIGNATURE R.H. Johnson, M.D.

24. FUNERAL DIRECTOR Harry B. Miles; ADDRESS Upper Fairmount

FT

End

VS. A15

RECEIVED
JUN 30 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05867

CERTIFICATE OF DEATH

5976 Reg. Dist. No. 265

1 PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tylerton
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Smith Island

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tylerton,
STREET ADDRESS (If rural give location) Smith Island

3. NAME OF DECEASED: (Type or Print) (First) RONA (Middle) C. (Last) BRADSHAW

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Feb. 6, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Ewell, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lawson Corbin

14. MOTHER'S MAIDEN NAME: Polly Evans

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Russell Marshall—Tylerton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 wks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio-sclerosis — 1 year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to June, 1954, that I last saw the deceased alive on June 11, 1954, and that death occurred at 8.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Barbara Hunt M.D. ADDRESS Ewell, Md. DATE SIGNED 6/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF June 14, 1954 NAME OF CEMETERY OR CREMATORY Tylerton Cemetery LOCATION (City, town, or county) (State) Tylerton, Md.

DATE REC'D BY LOCAL REGISTRAR 6/14/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors —Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05868

5877 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) MARYLAND lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) (Last) BUNDICK

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 19 54

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: April 2, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) seafood laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country) Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Green

14. MOTHER'S MAIDEN NAME: Tennia Joyner

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: 218-03-9122

17. INFORMANT & ADDRESS: Mrs. Virginia Jackson--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident — Interval Between Onset And Death: Instant.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO essential hypertension — 5 yrs +

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 19 54, to 6/11, 19 54, that I last saw the deceased alive on 6/11, 19 54, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis, M.D ADDRESS Crisfield, Md. DATE SIGNED 6/17/54

23 BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF June 18, 1954 NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 6/17/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1951
BUREAU V. S

05869

5870

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield | LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 E. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 15 E. main St.

3. NAME OF DECEASED (Type or Print): (First) Melissa (Middle) C. (Last) Ford
4. DATE OF DEATH: (Month) June (Day) 2 (Year) 54

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 16 1865
9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Fairmount, md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Wm F. Ford
14. MOTHER'S MAIDEN NAME: Harriett E. Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs. Lydia Purnell main St. Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

110 X

Immediate cause (a) Carcinoma breast c metastasis to lung, brain liver, etc

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 52, to June 2, 19 54 that I last saw the deceased alive on June 2, 19 54, and that death occurred at 5-15 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. D. Rawley M.D. Crisfield 6-2-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 6-5-54
NAME OF CEMETERY OR CREMATORY: Muirs Family Cemetery
LOCATION (City, town, or county) (State): Fairmount, md.

DATE REC'D BY LOCAL REG. 6/4/54
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR ADDRESS: Harry B. Niles - Upper Fairmount, md.

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S.

05870

MARYLAND — **STATE DEPARTMETT OF HEALTH**

5878

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH
COUNTY: somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D.2
LENGTH OF STAY (In this place): 80 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D. 2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Artie (Middle) A. (Last) Long

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 16, 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert D. Long

14. MOTHER'S MAIDEN NAME: Sadie Dryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mr. Freddie Long Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Chronic Myocarditis — Interval between onset and death: 18 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14th, 1954, to June 23rd, 1954; that I last saw the deceased alive on June 18th, 1954, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE: Elkan G. Mossman (Degree or title) ADDRESS: Princess Anne Md. DATE SIGNED: 6-24-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 6-26-1954 — NAME OF CEMETERY OR CREMATORY: Emmanuel Cemetery — LOCATION (City, town, or county) (State): Near Princess Anne, Md.

DATE REC'D BY LOCAL REG: 6/24/54 — REGISTRAR'S SIGNATURE: K. H. Johnson, M.D. JT

24. FUNERAL DIRECTOR: Leon R. Wilson — ADDRESS: Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 29 1954
BUREAU V. S.

Film#G168 Item# 9
6/30/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05871

5879 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) B. (Last) Maddox
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept. 20-1888
9. AGE last birthday: 65 66 yrs. IF UNDER 1 YEAR Months 9 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Upper Hill, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H. Maddox
14. MOTHER'S MAIDEN NAME: Lucinda Suddler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Frances Pinder - Cambridge, Md. R.F.D. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterial Sclerotic Heart Disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death: 6 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to June, 1954, that I last saw the deceased alive on June 21, 1954, and that death occurred at 6:P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Annie M. Bradford MD ADDRESS Pocomoke, Md DATE SIGNED 6/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 24 '54
NAME OF CEMETERY ~~OR CREMATORY~~ St. Andrews
LOCATION (City, town, or county) Upper Hill - Som. Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR 6/23/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gt
24. FUNERAL DIRECTOR Charles H. Ward - Marion ADDRESS Box 235 Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05872

5880 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tylerton
STREET ADDRESS (If rural give location) Smith Island

3. NAME OF DECEASED: (Type or Print) (First) INFANT (Middle) VINCENT (Last) MARSHALL

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 31, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ———

10b. KIND OF BUSINESS OR INDUSTRY: ———

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vincent Marshall

14. MOTHER'S MAIDEN NAME: Irma Smith

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: ——

17. INFORMANT & ADDRESS: Vincent Marshall--Tylerton- Smith Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Asphyxia due to

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO premature separation placenta

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 54 to June 2, 19 54, that I last saw the deceased alive on June 2, 19 54, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE C. E. Rawley (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF June 2, 1954 NAME OF CEMETERY OR CREMATORY Tylerton, Md. Cemetery LOCATION (City, town, or county) Tylerton, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/2/54 REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

VS. A15

2054224301

RECEIVED
JUN 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05873

5881 CERTIFICATE OF DEATH Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley | LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rumbley
STREET ADDRESS (If rural give location)

3 NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) E. (Last) MEREDITH

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 19 54

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: Sept. 23, 1878 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman | 10b. KIND OF BUSINESS OR INDUSTRY: himself | 11. BIRTHPLACE (State or foreign country): Rumbley, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hezekiah Meredith

14. MOTHER'S MAIDEN NAME: Elizabeth Ford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT & ADDRESS: Mrs. Mattie T. Meredith--Rumbley, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: 1 HR

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS — 2 YEARS

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-25, 1954, to 6-27, 1954, that I last saw the deceased alive on 6-25, 1954 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE Leo M Lynn (Degree or title) MD ADDRESS Princess Anne Md DATE SIGNED 6-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial | DATE THEREOF June 29, 1954 | NAME OF CEMETERY OR CREMATORY Fairmount Cemetery | LOCATION (City, town, or county) Fairmount, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 6/30/54 | REGISTRAR'S SIGNATURE R. S. Johnson, M.D. | 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors--Crisfield, Md. | ADDRESS

VS. A15

RECEIVED
JUL 2 1971
BUREAU V. S.

05874

MARYLAND 5882

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wenona Md.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural, give location) Wenona Md.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Mister
4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1954

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec 11 1892
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William J. Mister
14. MOTHER'S MAIDEN NAME Mary H. Hitchens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mary Mister Wenona Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

722.0

Immediate cause (a) Acute Myocarditis — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Arthritis — 2 years

(c) Chronic Anemia — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20th, 1952, to June 2nd, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 8:30A m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Princess Anne Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE June 4 1954
NAME OF CEMETERY OR CREMATORY St Johns Methodist
LOCATION (City, town, or county) Deal Island (State)

DATE REC'D BY LOCAL REG. June 8. 1954
REGISTRAR'S SIGNATURE Lola L. N. Realey
24. FUNERAL DIRECTOR James Henman ADDRESS Princess Anne

MARGIN RESERVED FOR BINDING

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RECEIVED
JUN 25 1954
BUREAU V. S.

Film G167 Item# 8,9 6/23/54 emf

05875

MARYLAND

5883

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset | MARYLAND | LENGTH OF STAY (In this place) Life
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bedford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Bedford Ave.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) T. (Last) Pasquith

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1954

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept 17 1870 | 9. AGE last birthday: 83 Yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Pasquith

14. MOTHER'S MAIDEN NAME: Mary Todd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bessie Pauyer Princess Anne, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 4-20 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion — 48 hrs

(c) arteriosclerotic cardiovascular disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1952 to 6-20, 1954 that I last saw the deceased alive on 6-8, 1954 and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
George M. Klumm M.D. Princess Anne Md 6-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial 6/22/54 Manokin Presbyterian Princess Anne Md.

DATE REC'D BY LOCAL REG. 6/21/54 | REGISTRAR'S SIGNATURE R.L. Johnson, M.D. | 24. FUNERAL DIRECTOR | ADDRESS
James Dennison Princess Anne Md

RECEIVED
JUN 22 1954
BUREAU V. S.

05876

5884

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter — LENGTH OF STAY (In this place) Life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dames Quarter — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Thomas (Last)

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 16, 1876

9. AGE last birthday: 78 yrs. — If under 1 year: Months 3 / Days 10 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Oyster

11. BIRTHPLACE (State or foreign country): Dames Quarter

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thomas

14. MOTHER'S MAIDEN NAME: Catherine Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Wilbert Fred Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro Vascular Accident — Interval Between Onset and Death: 5 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) M.D. Regd. Medical Examiner ADDRESS Princess Anne Md. DATE SIGNED June 28-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/29/54 — NAME OF CEMETERY OR CREMATORY Ford's Cemetery — LOCATION (City, town, or county) (State) Dames Quarter Md.

DATE REC'D BY LOCAL REG. 6/29/54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Asbury Dryden Dear Laboring — ADDRESS Md.

RECEIVED
JUL 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05877

5885 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Crisfield
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Crisfield
STREET ADDRESS (If rural give location): Lawsonia

3. NAME OF DECEASED: (Type or Print) (First) Jarvis (Middle) B. (Last) Sterling

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1915

9. AGE last birthday: 38 yrs. | IF UNDER 1 YEAR: Months 8 Days 3 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Grocer clerk

10b. KIND OF BUSINESS OR INDUSTRY: Retail Grocer

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Quincy Sterling

14. MOTHER'S MAIDEN NAME: Grace M. Cullen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W W 11

16. SOCIAL SECURITY NO.: 220-26-3260

17. INFORMANT & ADDRESS: Catherine J. Sterling Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Malignant Melanoma with Metastasis — Interval Between Onset And Death: 12 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 1952 to June 17, 1954, that I last saw the deceased alive on June 15, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE: A. W. Barr, M.D. (Degree or title) ADDRESS: Crisfield, Md. DATE SIGNED: 6/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 20, 1954 | NAME OF CEMETERY OR CREMATORY: American Legion Cem. | LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/19/54 | REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS: Durward Q. Covington, Crisfield, Md.

VS. A15

RECEIVED
JUN 24 1954
BUREAU V.

05878

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5886 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Fairmount
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) J. (Last) Thomas

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Feb. 2 1864
9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months 4 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W Parker
14. MOTHER'S MAIDEN NAME: Mary E Revelle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT & ADDRESS: Elizabeth Miles

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 6 hrs ? years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1954 to 6-13, 1954, that I last saw the deceased alive on 6-4, 1954 and that death occurred at 12 45 PM, from the causes and on the date stated above.

SIGNATURE Geo M Lhum Mbl (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 6-14-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 16, 1954
NAME OF CEMETERY OR CREMATORY Koff Cemetery
LOCATION (City, town, or county) (State) Upper Fairmount

DATE REC'D BY LOCAL REGISTRAR 6/15/54
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR Harry S. Miles ADDRESS Upper Fairmount Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (5879)

5887 CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) irrigation ditch on W. W. Beauchamp farm
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.# 1 Pocomoke

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R. F. D. #1
STREET ADDRESS (If rural give location) Pocomoke

3. NAME OF DECEASED: (Type or Print) (First) ELWOOD (Middle) CHARLES (Last) TURNER

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept. 14, 1932

9. AGE Last birthday: 21 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): near Pocomoke, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Henry Turner

14. MOTHER'S MAIDEN NAME: Lovvie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 214-32-0508

17. INFORMANT & ADDRESS: R. F. D. # 1 Mrs. Anna Turner Giles— Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) .....

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Accidental Drowned

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
SOMERSET COUNTY, Md.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) Accident — SUICIDE? HOMICIDE? — PLACE (Home, farm, factory, street, office, etc.) Near Pocomoke R.F.D. — (CITY OR TOWN) Pocomoke — (COUNTY) Some — (STATE) Md.

TIME OF INJURY (Month) June (Day) 13 (Year) 1954 (Hour) P.M. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? Drowned Accident

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19.., that I last saw the deceased alive on June 13, 1954, and that death occurred at about 1:00 P.M., from the causes and on the date stated above.

SIGNATURE W. H. Coulbourn M.D. (Degree or title) — ADDRESS Crisfield Md — DATE SIGNED 6/15/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial — DATE THEREOF June 16, 1954 — NAME OF CEMETERY OR CREMATORY Christ M. E. Cemetery — LOCATION (City, town, or county) (State) R.F.D.#1 Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR 6/18/54 — REGISTRAR'S SIGNATURE R. E. Johnson, M.D. — 24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. — ADDRESS

VS. A15

RECEIVED
JUN 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05880

5871 CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) Mariners Rd.

3. NAME OF DECEASED: (Type or Print) (First) IONIA (Middle) ELIZABETH (Last) WARD

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 54

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: May 8, 1874

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Rayfield

14. MOTHER'S MAIDEN NAME: Isadora Ward

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT & ADDRESS: Mariners Rd.
Mrs. Elizabeth Handy— Crisfield, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset And Death: 10 yrs.

DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile debilitation

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 54, to June 6, 19 54, that I last saw the deceased alive on June 5, 19 54, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

SIGNATURE Sample W. Peyton (Degree or title) M.D. ADDRESS Crisfield Md DATE SIGNED 6/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF June 8, 1954
NAME OF CEMETERY OR CREMATORY Mariners Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 6/7/54
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

RECEIVED
JUN 9 1954
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~5388~~ 05881

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield X — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Mem. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) MARYLAND AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) WESLEY (Last) WARD

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Dec. 18, 1892

9. AGE last birthday: 61 yrs. — IF UNDER 1 YEAR: Months 5 Days 22 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Waterman & Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Ward

14. MOTHER'S MAIDEN NAME: Mary A. Horner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. John Sterling, Hall Highway

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442 X Immediate cause	(a) Acute Cerebral Vascular Accident	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Old cerebral Thrombosis	4 years
	DUE TO Arteriosclerotic Hypertensive Vascular-Renal Disease	Yes Sev.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Acute upper G. I. Hemorrhage, Unknown Etiology, Chronic Nephritis	5 days Sev. Yrs.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21/53, 19..., to 6/11/54, 19..., that I last saw the deceased alive on 6/11, 19 54, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

SIGNATURE [redacted] A. N. Barr, M.D. (Degree or title) ADDRESS Crisfield, Md. DATE SIGNED 6/12/54

BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 6/13/54 — NAME OF CEMETERY OR CREMATORY Sunnyridge — LOCATION (City, town, or county) (State) Rural - Crisfield, Md

DATE REC'D BY LOCAL REGISTRAR 6/12/54 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR D. Q. Covington — ADDRESS Crisfield

RECEIVED
JUN 16 1954
BUREAU V. S.